

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

| | | |
|--|---|-------------------------|
| GUZMAN-RUIZ, RAUL |) | |
| A 95-405-083 |) | |
| |) | |
| Plaintiffs, |) | |
| |) | |
| v. |) | |
| |) | NO. FILED: MAY 22, 2008 |
| |) | 08CV3001 TG |
| MICHAEL CHERTOFF, Secretary of the U.S. |) | JUDGE GETTLEMAN |
| Department of Homeland Security; RUTH A. |) | MAGISTRATE JUDGE COLE |
| DOROCHOFF, District Director, U.S. Citizenship |) | |
| and Immigration Services; MICHAEL B. |) | |
| MUKASEY, U.S. Attorney General; |) | |
| |) | |
| Defendants. |) | |

COMPLAINT

NOW COME the Plaintiffs, Raul Guzman-Ruiz, by and through their attorney, Laureen Anderson of Horn, Khalaf, Abuzir, Mitchell & Schmidt, and complaining of the Defendants, Michael Chertoff, Secretary of the U.S. Department of Homeland Security, Ruth A. Dorochoff, District Director of the U.S. Citizenship and Immigration Services (USCIS), formerly known as the Immigration and Naturalization Service (INS), and Michael B. Mukasey, U.S. Attorney General, and states as follows:

1. Jurisdiction is based upon 8 U.S.C. 1329, 28 U.S.C. 1361 and 28 U.S.C. 1331(a).

Furthermore, this action is in the nature of a Mandamus so as to invoke the jurisdiction of this Court to compel the Defendants to perform their mandatory administrative duty and for attorney's fees under 28 U.S.C. 2412 for the failure of the Defendants to perform their duties. Declaratory Judgment is sought pursuant to 28 U.S.C. 2201 and 28 U.S.C. 2202.

2. On March 1, 2003, the duties and responsibilities of the former INS were assumed by the newly formed USCIS, under the Department of Homeland Security.
3. The Defendant, Michael Chertoff is the Secretary of the U.S. Department of Homeland Security. The Defendant, Ruth A. Dorochoff is the District Director of the USCIS. The Defendant, Michael B. Mukasey is the U.S. Attorney General. They are being sued in their official capacity only.
4. This action is in the nature of Mandamus requiring the USCIS to make a decision on Form I-485, Application for Adjustment of Status to that of Lawful Permanent Resident.
5. On April 15, 2002, Plaintiff Raul Guzman-Ruiz filed his application for adjustment of status to that of lawful permanent residence, based upon an approved I-140. (See Exhibits 1 & 2).
6. On June 1, 2004 the Plaintiff appeared for a scheduled interview with Officer Tuazon. A Request for Evidence was issued for additional documents. (See Exhibit 3).
7. On June 29, 2004 the Plaintiff responded to the Request for Evidence. (See Exhibit 4- Receipt stamp on copy of RFE showing receipt on June 30, 2004).
8. Plaintiffs have attempted, on numerous occasions to obtain the status of their case.
9. To date, no action has been taken by the Defendants to process the Plaintiffs' application for Adjustment of Status.
10. Plaintiffs request attorney fees under 28 U.S.C. 2412 for failure of the Defendants to properly perform their duties in adjudicating the Plaintiff's application.

WHEREFORE, Plaintiff, Raul Guzman-Ruiz, prays as follows:

- A. For an Order of Mandamus requiring the Defendants to act on the I-485 Adjustment Application.
- B. For an Order declaring that the action of the Defendants in refusing to act on the Plaintiffs' application is arbitrary, capricious and an abuse of discretion.
- C. For Attorney's fees as the Court deems necessary and proper to compensate the Plaintiffs for the wrongful refusal to act on the Plaintiffs' application for Adjustment of Status, the Relative Petition, and the Waiver.
- D. For such other relief as the Court may deem fit.

Respectfully submitted,
Raul Guzman-Ruiz

BY: s/ Laureen Anderson
LAUREEN ANDERSON
Attorney for Plaintiff

LAUREEN ANDERSON
Horn, Khalaf, Abuzir, Mitchell & Schmidt
2 North LaSalle, Suite 630
Chicago, IL 60602
Telephone: (312) 281-5444
Fax: (312) 558-9075
E-mail: landerson@hkamlaw.com

| U.S. IMMIGRATION AND NATURALIZATION SERVICE | | | |
|---|---|--|-------------------------------|
| RECEIPT NUMBER LIN-01-234-52619 | CASE TYPE I-140 IMMIGRANT PETITION FOR ALIEN WORKER | PRIORITY DATE August 3, 2001 | PETITIONER CAFE BORGIA INC |
| NOTICE DATE December 27, 2001 | PAGE 1 of 1 | BENEFICIARY GUZMAN, RAUL R. | |
| CAFE BORGIA INC C/O C TAPIA RUANO MINSKY MCCORMICK 122 S MICHIGAN AVE APT 1800 CHICAGO IL 60603 | | Notice Type: Approval Notice Section: Other Workers Sec. 203(b)(3)(A)(iii) | |
| <p>Courtesy Copy: Original sent to: TAPIA RUANO, CARLINA</p> <p>This courtesy notice is to advise you of action taken on this case. The official notice has been mailed to the attorney or representative indicated above. Any relevant documentation included in the notice was also mailed as part of the official notice.</p> | | | |
| <p>The above petition has been approved. The petition indicates that the person for whom you are petitioning is in the United States and will apply for adjustment of status. The evidence indicates that he or she is not eligible to file an adjustment of status application. This determination is based on the information submitted with the petition and any relating files. If the person for whom you are petitioning believes that he or she is eligible for adjustment of status, then he or she should contact the local INS office for more information.</p> | | | |
| <p>Because the person for whom you are petitioning is not eligible to adjust, we have sent the approved petition to the Department of State National Visa Center (NVC), 32 Rochester Avenue, Portsmouth, NH 03801-2909. The NVC processes all approved immigrant visa petitions that need consular action and also determines which consular post is the appropriate consulate to complete visa processing. The NVC will then forward the approved petition to that consulate.</p> | | | |
| <p>This completes all INS action on this petition. If you have any questions about visa issuance, please contact the NVC directly. The telephone number to NVC is (603) 334-0700. Please allow 90 days before contacting the National Visa Center regarding your petition.</p> | | | |
| <p>The NVC will contact the person for whom you are petitioning concerning further immigrant visa processing steps.</p> | | | |
| <p>This courtesy copy may not be used in lieu of official notification to demonstrate the filing or processing action taken on this case.</p> | | | |
| <p>THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.</p> | | | |
| <p>08CV3001 TG JUDGE GETTELMAN MAGISTRATE JUDGE COLE</p> | | | |

Please see the additional information on the back. You will be notified separately about any other cases you filed.

NEBRASKA SERVICE CENTER
U. S. IMMIG. & NATZ. SERVICE
P.O. BOX 82521
LINCOLN, NE 68501-2521
Customer Service Telephone: 402-323-7830



EXHIBIT

Digitized by srujanika@gmail.com

| | | |
|--|----------------|--|
| RECEIPT NUMBER LIN-02-150-53576 | | CASE TYPE I485 APPLICATION TO ADJUST TO PERMANENT RESIDENT STATUS |
| RECEIVED DATE March 15, 2002 | PRIORITY DATE | APPLICANT A95 405 983 GUZMAN RUIZ, RAUL |
| NOTICE DATE April 3, 2002 | PAGE 1 of 1 | |
| CARLINA TAPIA RUANO MINSKY MCCORMICK & HALLAGAN PC 122 S MICHIGAN AVE STE 1800 CHICAGO IL 60603 | | Notice Type: Receipt Notice Amount received: \$ 1305.00 Section: Adjustment as direct beneficiary of immigrant petition. |

The above application or petition has been received. It usually takes 300 to 330 days from the date of this receipt for us to process this type of case. Please notify us immediately if any of the above information is incorrect.

We will send you a written notice as soon as we make a decision on this case. You can also use the phone number 402-323-7830 to obtain case status information direct from our automated system 24 hours a day with a touch-tone phone and the receipt number for this case (at the top of this notice).

If you have other questions about possible immigration benefits and services, filing information, or Immigration and Naturalization Service forms, please call the INS National Customer Service Center (NCSC) at 1-800-375-5283. If you are hearing impaired, please call our TDD at 1-800-767-1833.

If you have access to the Internet, you can also visit the INS at www.ins.usdoj.gov. Here you can find valuable information about forms and filing instructions, and about general immigration services and benefits. At present, this site does not provide case status information.

08CV3001 TG
JUDGE GETTLEMAN
MAGISTRATE JUDGE COLE

Please see the additional information on the back. You will be notified separately about any other cases you filed.
NEBRASKA SERVICE CENTER
U. S. IMMIG. & NATZ. SERVICE
P.O. BOX 82521
LINCOLN NE 68501-2521
Customer Service Telephone: 402-323-7830



EXHIBIT



COPY

JUDGE GETTLEMAN

MAGISTRATE JUDGE COLE

U.S. DEPARTMENT OF HOMELAND SECURITY
U.S. Citizenship and Immigration Services

230 South Dearborn Avenue
 Chicago, IL 60604

Raul Guzman-Ruiz
 833 E. 160th Place
 South Holland, IL 60473
 Attny: Olga Rojas

June 01, 2004
 NUMBER: A95 405 083

1651
 JUN 30 2004
 INS-CI-EX-100
 623

REQUEST FOR EVIDENCE

The documentation submitted during the adjustment interview is not sufficient to warrant a favorable consideration of your petition/application. The following information is also required:

PLEASE SEE FOLLOWING SHEET

Your response must be received in this Office within 30 days of the date on this notice, your case is being held in this office pending your response. Within this period you may:

1. -- Submit all of the evidence requested;
2. Submit some or none of the evidence requested and ask for a decision based on the record; or
3. Withdraw the application or petition. (It is noted that if you request that the application or petition be withdrawn, the filing fee cannot be refunded).

You must submit all of the evidence at one time. Submission of only part of the evidence requested will be considered a request for a decision based upon the record (#2 Above). No extension of the period allowed to submit evidence will be granted. If the evidence submitted does not establish that your case was approvable at the time it was filed, it can be denied.

If you do not respond to this request with the time allowed, your case will be considered abandoned and denied due to lack of prosecution. Evidence received in this office after the due date may not be considered.

PLACE THIS LETTER ON TOP OF YOUR RESPONSE. SUBMISSION OF EVIDENCE WITHOUT THIS LETTER WILL DELAY PROCESSING OF YOUR CASE AND MAY RESULT IN A DENIAL.

Please submit all documents to the attention of:

Customer Service

P.O. Box 3616

Chicago, IL 60690-3616

ATTN: OFFICER TUAZON

Sincerely,

W.M.C.

Michael Comfort
 District Director

EXHIBIT

Tables

**Department of Homeland Security
U.S. Citizenship and Immigration Services**

PLEASE RETURN THIS LETTER WITH YOUR RESPONSE TO

ATTN: OFFICER TUAZON

Name: R. Guzman-Ruiz

Alien Registration Number: A95 405 083

PLEASE COMPLY WITH THE BELOW CHECKED ☑ INSTRUCTIONS

- 1. Please complete the blocks on your enclosed application/petition/form, which are highlighted.
- 2. Furnish the required fee of \$ 1000 for Form 485a.
- 3. A foreign document must be accompanied by a translation in English. The translator must certify that he/she is competent to translate and that the translation is accurate.
- 4. Furnish the date and port of each of your entries into the United States and the name of the ship, plane, or other vehicle on which you traveled or provide a sworn statement of how you entered the United States.
- 5. Furnish two (2) color photographs. These photos must have a white background, photos must be glossy, unretouched, and not mounted. Dimension of the facial image should be about 1 inch from the chin to top of hair or head, shown in 3/4 frontal view of right side of face with right ear visible.
- 6. Submit Affidavit of support (Form I-864) which needs to be notarized along with the last three years of tax returns, W2s and a job letter or a current paystub for ~~Sponsor~~ and/or ~~Joint Sponsor~~. Failure to follow the directions and complete this form accurately may result in denial of your application.
- 7. You must provide a sworn statement for each and every arrest and for charges against you including the dates and places. You must provide certified court dispositions (not police reports) for each and every arrest and charge.
- 8. Your case is continued for your fingerprints to clear.
- 9. Your case is continued because you need to submit new fingerprints. (See attached fingerprint referral letter).
- 10. Submit medical examination (Form I-693) and immunization supplement form from an INS Certified Civil Surgeon. These documents must be in a sealed envelope from the doctor.
- 11. Please submit the following types of evidence to support the claimed relationship between the petitioner and the beneficiary:
 - a. Birth Certificates of all children
 - b. Official Marriage Certificate for
 - c. Proof of termination of previous marriages, such as divorce decrees and death certificates.
 - d. Copies of wedding photos and other photos of you and your spouse together during your entire relationship.
 - e. Proof of any joint purchases or ownership, such as TV, furniture, car, house, etc.
 - f. Proof of joint credit established since marriage, such as joint credit cards, loans, etc.
 - g. Proofs of actual shared residence such as lease agreements, property deeds or mortgages, etc. If you have none of the above, provide a notarized affidavit from your current landlord.
 - h. Proof of bank statements for checking and/or savings accounts and canceled checks throughout your marriage.
 - i. Copies of Taxes and W2's for years 2003, 2002 and 2001.
 - j. Proof of medical, life and auto insurance during your marriage.
 - k. Proof of utility bills for a shared residence, such as telephone, electric, gas, etc. You should provide statements that cover the duration of your marriage.

OTHER: Please provide IRS Form 1722 for Isabella Resources, Incorporated for the last 3 years. Provide Form I-864 to be completed and signed by Juan Carlos Guzman.

*******Please return this letter along with the requested evidence.*******

08CV3001

TG

JUDGE GETTLEMAN

MAGISTRATE JUDGE COLE

MINSKY, McCORMICK & HALLAGAN, P.C.

ATTORNEYS AND COUNSELORS

Joseph Minsky (1925-1992)

Margaret H. McCormick

James Hallagan,

Carolina Tapia-Ruano

Stephen J. Navarre

Sandra Valenzuela

Eileen Monblanco

Derek W. Strain

Jennifer R. Shapiro

Stephen W. Tarnoff

Olga Rojas

VIA HAND DELIVERY

June 29, 2004

U.S. Department of Homeland Security
 U.S. Citizenship and Immigration Services
Customer Service
 P.O. Box 3616
 Chicago, IL 60690-3616

ATTN: Officer Tuazon

Re: Request for Evidence
 Application for Adjustment of Status
 Raul Guzman-Ruiz (095-405-083)

Dear Officer Tuazon:

This letter is submitted in support of the I-485 Application for Adjustment of Status on behalf of Raul Guzman-Ruiz. Per your requested enclosed please find the following document:

- Notice of Entry of Appearance as Attorney or Representative, Form G-28, signed by Juan Carlos Guzman (Isabella Resources, Incorporated).
- Affidavit of Support, Form I-864 signed by Juan Carlos Guzman (Isabella Resources, Incorporated).
- A photocopy of both front and back of Juan Carlos Guzman "Alien Registration Card" (Isabella Resources, Incorporated).
- Copies of Juan Carlos Guzman's (Isabella Resources, Incorporated) U.S. Tax Returns for 2003, 2002 and 2001.
- Original (Isabella Resources, Incorporated) Letter 1722 for 12/31/2003, 12/31/2002 and 12/31/2001.
- Original Letter from Sue Taylor, President of Isabella Resources, Incorporated. Document illustrates that according to the IRS Form 1722 does not exist; therefore Letter 1722 was issued instead.

MMH

122 S. Michigan Ave.
 Suite 1800
 Chicago, IL 60603
 (312) 427-6163 phone
 (312) 427-6513 fax
 www.mmhpc.com

EXHIBIT

Tables'

4.

MINSKY, MCCORMICK & HALLAGAN, P.C.

ATTORNEYS AND COUNSELORS

If further documentation is necessary, please advise me. Thank you for your attention to this matter.

Sincerely,



Olga Rojas
Attorney at Law

OR/yv
Enclosures

U.S. Department of Justice
Immigration and Naturalization Service

Notice of Entry of Appearance as Attorney or Representative

Appearances - An appearance shall be filed on this form by the attorney or representative appearing in each case. Thereafter, substitution may be permitted upon the written withdrawal of the attorney or representative of record or upon notification of the new attorney or representative. When an appearance is made by a person acting in a representative capacity, his personal appearance or signature shall constitute a representation that under the provisions of this chapter he is authorized and qualified to represent. Further proof of authority to act in a representative capacity may be required. **Availability of Records** - During the time a case is pending, and except as otherwise provided in 8 CFR 103.2(b), a party to a proceeding or his attorney or representative shall be permitted to examine the record of proceeding in a Service office. He may, in conformity with 8 CFR 103.10, obtain copies of Service records or information therefrom and copies of documents or transcripts of evidence furnished by him. Upon request, he/she may, in addition, be loaned a copy of the testimony and exhibits contained in the record of proceeding upon giving his/her receipt for such copies and pledging that it will be surrendered upon final disposition of the case or upon demand. If extra copies of exhibits do not exist, they shall not be furnished free on loan; however, they shall be made available for copying or purchase of copies as provided in 8 CFR 103.10.

In re: Petition for Alien Relative (Form I-130):
Juan Carlos Guzman (Isabella Resources, Incorporated)
Raul Guzman-Ruiz

Date:

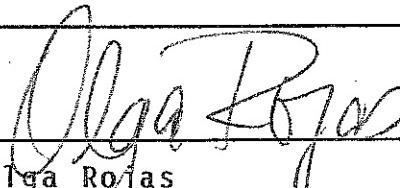
File No. 95-405-083

I hereby enter my appearance as attorney for (or representative of), and at the request of the following named person(s):

| | | | |
|--|--|------------------------------------|----------------------------|
| Name: Juan Carlos Guzman (Isabella Resources, Incorporated) | <input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Beneficiary | <input type="checkbox"/> Applicant | |
| Address: (Apt. No.) (Number & Street) 17221 S. Oak Park Ave. | (City) Tinley Park | (State) IL | (Zip Code) 60477 |
| Name: Raul Guzman-Ruiz | <input type="checkbox"/> Petitioner <input checked="" type="checkbox"/> Beneficiary | <input type="checkbox"/> Applicant | |
| Address: (Apt. No.) (Number & Street) 833 EAST 160th Place | (City) Lansing | (State) IL | (Zip Code) 60438 |

Check Applicable Item(s) below:

1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia
Illinois **Supreme Court** and am not under a court or administrative agency order suspending, enjoining, restraining, disbarring, or otherwise restricting me in practicing law.
2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:
3. I am associated with **MARTINA TADEA RIVON**
the attorney of record previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)
4. Others (Explain Fully.)

| | | |
|--|---|-------------------|
| SIGNATURE  | COMPLETE ADDRESS MINSKY, McCORMICK & HALLAGAN, P.C. 122 S. Michigan Ave, Suite 1800 Chicago, IL 60603 | |
| NAME (Type or Print) Olga Rojas | TELEPHONE NUMBER Voice: 312-427-6163 | Fax: 312-427-6513 |

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS:

Olga Rojas

(Name of Attorney or Representative)

THE ABOVE CONSENT TO DISCLOSURE IS IN CONNECTION WITH THE FOLLOWING MATTER:

Petition for Alien Relative (Form I-130) and all related matters.

| | | |
|---|--|------------------------|
| Name of Person Consenting Juna Carlos Guzman | Signature of Person Consenting  | Date 6-23-04 |
| (NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.) | | |

This form may not be used to request records under the Freedom of Information Act or the Privacy Act. The manner of requesting such records is contained in 8CFR 103.10 and 103.20 EtSEQ.

U.S. Department of Justice
Immigration and Naturalization Service

Affidavit of Support Under Section 213A of the Act

START HERE - Please Type or Print

Part 1. Information on Sponsor (You)

| | | |
|--|------------------------|---|
| Last Name Guzman | First Name Juan | Middle Name Carlos |
| Mailing Address (<i>Street Number and Name</i>) 18338 Torrence | | Apt/Suite Number 3C |
| City Lansing | | State or Province IL |
| Country U.S.A. | | ZIP/Postal Code 60437 Telephone Number 708-275-4513 |

| | | | |
|--|---|--|---|
| Place of Residence if different from above (<i>Street Number and Name</i>) | | Apt/Suite Number | FOR AGENCY USE ONLY This Affidavit Receipt <input type="checkbox"/> Meets <input type="checkbox"/> Does not meet Requirements of Section 213A |
| City | | State or Province | |
| Country | ZIP/Postal Code | Telephone Number | |
| Date of Birth (<i>Month, Day, Year</i>) 10/12/73 | Place of Birth (<i>City, State, Country</i>) Silao, JTO, Mexico | Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Social Security Number 335-96-7404 | | A-Number (<i>If any</i>) 077-383-580 | |

Part 2. Basis for Filing Affidavit of Support

I am filing this affidavit of support because (*check one*):

- a. I filed/am filing the alien relative petition.
- b. I filed/am filing an alien worker petition on behalf of the intending immigrant, who is related to me as my _____ (*relationship*)
- c. I have ownership interest of at least 5% **Isabella Resources, Inc.** (*name of entity which filed visa petition*) which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my _____ (*relationship*) **Brother**
- d. I am a joint sponsor willing to accept the legal obligations with any other sponsor(s).

Officer or I.J.
Signature

Location

Date

Part 3. Information on the Immigrant(s) You Are Sponsoring

| | | | |
|--|---|--|---|
| Last Name Guzman-Ruiz | First Name Raul | Middle Name | |
| Date of Birth (<i>Month, Day, Year</i>) 07/05/1975 | Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Social Security Number (<i>If any</i>) 636-44-9500 | |
| Country of Citizenship Mexico | | A-Number (<i>If any</i>) 95-405-083 | |
| Current Address (<i>Street Number and Name</i>) 833 East 160th Place | | Apt/Suite Number | City South Holland |
| State/Province IL | Country U.S.A. | ZIP/Postal Code 60473 | Telephone Number (708) 825-9536 |

List any spouse and/or children immigrating with the immigrant named above in this Part: (*Use additional sheet of paper if necessary.*)

| Name | Relationship to Sponsored Immigrant | | | Date of Birth | | | A-Number (<i>If any</i>) | Social Security (<i>If any</i>) |
|-------------|-------------------------------------|-----|----------|---------------|-----|-----|-------------------------------|--------------------------------------|
| | Spouse | Son | Daughter | Mo. | Day | Yr. | | |
| None | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Part 4. Eligibility to Sponsor

To be a sponsor you must be a U.S. citizen or national or a lawful permanent resident. If you are not the petitioning relative, you must provide proof of status. To prove status, U.S. citizens or nationals must attach a copy of a document proving status, such as a U.S. passport, birth certificate, or certificate of naturalization, and lawful permanent residents must attach a copy of both sides of their Permanent Resident Card (Form I-551).

The determination of your eligibility to sponsor an immigrant will be based on an evaluation of your demonstrated ability to maintain an annual income at or above 125 percent of the Federal poverty line (100 percent if you are a petitioner sponsoring your spouse or child and you are on active duty in the U.S. Armed Forces). The assessment of your ability to maintain an adequate income will include your current employment, household size, and household income as shown on the Federal income tax returns for the 3 most recent tax years. Assets that are readily converted to cash and that can be made available for the support of sponsored immigrants if necessary, including any such assets of the immigrant(s) you are sponsoring, may also be considered.

The greatest weight in determining eligibility will be placed on current employment and household income. If a petitioner is unable to demonstrate ability to meet the stated income and asset requirements, a joint sponsor who *can* meet the income and asset requirements is needed. Failure to provide adequate evidence of income and/or assets or an affidavit of support completed by a joint sponsor will result in denial of the immigrant's application for an immigrant visa or adjustment to permanent resident status.

A. Sponsor's Employment

- I am:
1. Employed by _____ *(Provide evidence of employment)*
Annual salary _____, or hourly wage \$ _____ (for _____ hours per week)
 2. Self employed Isabella Resources, Incorporated *(Name of business)*
Nature of employment or business Restaurant
 3. Unemployed or retired since _____

B. Sponsor's Household Size

- | | Number |
|---|----------------|
| 1. Number of persons (related to you by birth, marriage, or adoption) living in your residence, including yourself (<i>Do NOT include persons being sponsored in this affidavit.</i>) | 1 |
| 2. Number of immigrants being sponsored in this affidavit (<i>Include all persons in Part 3.</i>) | 1 |
| 3. Number of immigrants NOT living in your household whom you are obligated to support under a previously signed Form I-864 | 0 |
| 4. Number of persons who are otherwise dependent on you, as claimed in your tax return for the most recent tax year. | 0 |
| 5. Total household size. (<i>Add lines 1 through 4.</i>) | Total 2 |

List persons below who are included in lines 1 or 3 for whom you previously have submitted INS Form I-864, *if your support obligation has not terminated.*

(If additional space is needed, use additional paper)

| Name | A-Number | Date Affidavit of Support Signed | Relationship |
|------|----------|----------------------------------|--------------|
| None | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part 4. Eligibility to Sponsor*(Continued)***C. Sponsor's Annual Household Income**

Enter total unadjusted income from your Federal income tax return for the most recent tax year below. If you last filed a joint income tax return but are using only your *own* income to qualify, list total earnings from your W-2 Forms, or, if necessary to reach the required income for your household size, include income from other sources listed on your tax return. If your *individual* income does not meet the income requirement for your household size, you may also list total income for anyone related to you by birth, marriage, or adoption currently living with you in your residence if they have lived in your residence for the previous 6 months, or any person shown as a dependent on your Federal income tax return for the most recent tax year, even if not living in the household. For their income to be considered, household members or dependents must be willing to make their income available for support of the sponsored immigrant(s) and to complete and sign Form I-864A, Contract Between Sponsor and Household Member. A sponsored immigrant/household member only need complete Form I-864A if his or her income will be used to determine your ability to support a spouse and/or children immigrating with him or her.

You must attach evidence of current employment and copies of income tax returns as filed with the IRS for the most recent 3 tax years for yourself and all persons whose income is listed below. See "Required Evidence" in Instructions. Income from all 3 years will be considered in determining your ability to support the immigrant(s) you are sponsoring.

- I filed a single/separate tax return for the most recent tax year.
- I filed a joint return for the most recent tax year which includes only my own income.
- I filed a joint return for the most recent tax year which includes income for my spouse and myself.
 - I am submitting documentation of my individual income (Forms W-2 and 1099).
 - I am qualifying using my spouse's income; my spouse is submitting a Form I-864A.

| Indicate most recent tax year | 2003 (tax year) |
|--|----------------------------------|
| Sponsor's individual income | \$ 36,522.00 |
| or | |
| Sponsor and spouse's combined income <i>(If spouse's income is to be considered, spouse must submit Form I-864A.)</i> | \$ _____ |
| Income of other qualifying persons. <i>(List names; include spouse if applicable. Each person must complete Form I-864A.)</i> | \$ _____ \$ _____ \$ _____ |
| Total Household Income | \$ 36,522.00 |

Explain on separate sheet of paper if you or any of the above listed individuals were not required to file Federal income tax returns for the most recent 3 years, or if other explanation of income, employment, or evidence is necessary.

D. Determination of Eligibility Based on Income

1. I am subject to the 125 percent of poverty line requirement for sponsors.
- I am subject to the 100 percent of poverty line requirement for sponsors on active duty in the U.S. Armed Forces sponsoring their spouse or child.
2. Sponsor's total household size, from Part 4.B., line 5 2
3. Minimum income requirement from the Poverty Guidelines chart for the year of 2004 is \$ 15,150 (year)

If you are currently employed and your household income for your household size is equal to or greater than the applicable poverty line requirement (from line D.3.), you do not need to list assets (Parts 4.E. and 5) or have a joint sponsor (Part 6) unless you are requested to do so by a Consular or Immigration Officer. You may skip to Part 7, Use of the Affidavit of Support to Overcome Public Charge Ground of Admissibility. Otherwise, you should continue with Part 4.E.

Part 4. Eligibility to Sponsor*(Continued)***E. Sponsor's Assets and Liabilities**

Your assets and those of your qualifying household members and dependents may be used to demonstrate ability to maintain an income at or above 125 percent (or 100 percent, if applicable) of the poverty line if they are available for the support of the sponsored immigrant(s) and can readily be converted into cash within 1 year. The household member, other than the immigrant(s) you are sponsoring, must complete and sign Form I-864A, Contract Between Sponsor and Household Member. List the cash value of each asset after any debts or liens are subtracted. Supporting evidence must be attached to establish location, ownership, date of acquisition, and value of each asset listed, including any liens and liabilities related to each asset listed. See "Evidence of Assets" in Instructions.

| Type of Asset | Cash Value of Assets <i>(Subtract any debts)</i> |
|--|---|
| Savings deposits | \$ |
| Stocks, bonds, certificates of deposit | \$ |
| Life insurance cash value | \$ |
| Real estate | \$ |
| Other (specify) | \$ |
| Total Cash Value of Assets | \$ 0.00 |

Immigrant's Assets and Offsetting Liabilities

Sponsored immigrant's assets may also be used in support of your ability to maintain income at or above 125 percent of the poverty line if the assets are or will be available in the United States for the support of the sponsored immigrant(s) and can readily be converted into cash within 1 year.

The sponsored immigrant should provide information on his or her assets in a format similar to part 4.E. above. Supporting evidence must be attached to establish location, ownership, and value of each asset listed, including any liens and liabilities for each asset. See "Evidence of Assets" in Instructions.

Part 5.**Joint Sponsors**

If household income and assets do not meet the appropriate poverty line for your household size, a joint sponsor is required. There must be one joint sponsor, but each joint sponsor must individually meet the 125 percent of poverty line requirement. By submitting a separate affidavit, the household income and/or assets, including any assets of the sponsored immigrant. By submitting a separate affidavit under Section 213A of the Act (Form I-864), a joint sponsor accepts joint responsibility with the petitioner for the sponsored immigrant(s) until they become U.S. citizens, can be credited with 40 quarters of work, leave the United States permanently.

Part 7.**of the Affidavit of Support to Overcome Public Charge Ground of Inadmissibility**

Section 212(a)(1) of the Immigration and Nationality Act provides that an alien seeking permanent residence as an immediate relative (including an orphan), as a family-sponsored immigrant, or as an alien who will accompany or follow to join another alien is considered to be likely to become a public charge and is inadmissible to the United States unless a sponsor submits a legally enforceable affidavit of support on behalf of the alien. Section 212(a)(4)(D) imposes the same requirement on an employment-based immigrant, and those aliens who accompany or follow to join the employment-based immigrant, if the employment-based immigrant will be employed by a relative, or by a firm in which a relative owns a significant interest. Separate affidavits of support are required for adjustment of status within 6 months of the date this affidavit of support is originally signed. The sponsor must provide the necessary support is necessary to maintain them at an income that is at least 125 percent of the Federal poverty guidelines.

I submit this affidavit of support in consideration of the sponsored immigrant(s) not being found inadmissible to the United States under section 212(a)(4)(C) (or 212(a)(4)(D) for an employment-based immigrant) and to enable the sponsored immigrant(s) to overcome this ground of inadmissibility. I agree to provide the sponsored immigrant(s) whatever support is necessary to maintain the sponsored immigrant(s) at an income that is at least 125 percent of the Federal poverty guidelines. I understand that my obligation will continue until my death or the sponsored immigrant(s) have become U.S. citizens, can be credited with 40 quarters of work, depart the United States permanently, or die.

Part 7. Use of the Affidavit of Support to Overcome Public Charge Grounds (Continued)

I acknowledge that section 213A(a)(1)(B) of the Act grants the sponsored immigrant(s) and any Federal, State, local, or private agency that pays any means-tested public benefit to or on behalf of the sponsored immigrant(s) standing to sue me for failing to meet my obligations under this affidavit of support. I agree to submit to the personal jurisdiction of any court of the United States or of any State, territory, or possession of the United States if the court has subject matter jurisdiction of a civil lawsuit to enforce this affidavit of support. I agree that no lawsuit to enforce this affidavit of support shall be barred by any statute of limitations that might otherwise apply, so long as the plaintiff initiates the civil lawsuit no later than ten (10) years after the date on which a sponsored immigrant last received any means-tested public benefits.

Collection of Judgment.

I acknowledge that a plaintiff may seek specific performance of my support obligation. Furthermore, any money judgment against me based on this affidavit of support may be collected through the use of a judgment lien under 28 U.S.C 3201, a writ of execution under 28 U.S.C 3203, a judicial installment payment order under 28 U.S.C 3204, garnishment under 28 U.S.C 3205, or through the use of any corresponding remedy under State law. I may also be held liable for costs of collection, including attorney fees.

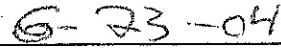
Concluding Provisions.

I, Juan Carlos Guzman, certify under penalty of perjury under the laws of the United States that:

- (a) I know the contents of this affidavit of support signed by me;
- (b) All the statements in this affidavit of support are true and correct;
- (c) I make this affidavit of support for the consideration stated in Part 7, freely, and without any mental reservation or purpose of evasion;
- (d) Income tax returns submitted in support of this affidavit are true copies of the returns filed with the Internal Revenue Service; and
- (e) Any other evidence submitted is true and correct.



(Sponsor's Signature)



(Date)

Subscribed and sworn to (or affirmed) before me this

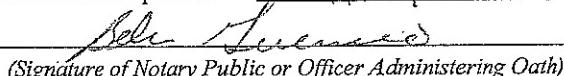
23 day of June, 2004

(Month)

(Year)

at Chicago Illinois

My commission expires on 4/12/08



(Signature of Notary Public or Officer Administering Oath)

Notary Public

(Title)

**Part 8. If someone other than the sponsor prepared this affidavit of support, that person must complete the following:**

I certify under penalty of perjury under the laws of the United States that I prepared this affidavit of support at the sponsor's request, and that this affidavit of support is based on all information of which I have knowledge.

| | | | |
|--|--------------------------------------|------------------------|--|
| Signature | Print Your Name <u>Olga Rojas</u> | Date <u>6/29/04</u> | Daytime Telephone Number 312-427-6163 |
| Firm Name and Address MINSKY, McCORMICK & HALLAGAN, P.C. 122 S. Michigan Ave, Suite 1800, Chicago, IL, 60603 | | | |

Form 1040

U.S. Individual Income Tax Return

2003

(98)

IRS Use Only- Do not write or staple in this space.

OMB No. 1545-0074

Label
 (See
 instructions
 on page 19.)

**Use the IRS
 label.
 Otherwise,
 please print
 or type.**

**Presidential
 Election Campaign
 (See page 19.)**

| | | | | | | |
|--|--|----------------------------|----------------|--|--|--|
| L A B E L H E R E | For the year Jan. 1-Dec. 31, 2003, or other tax year beginning | | , 2003, ending | , 20 | Your social security number 335-96-7404 | |
| | Your first name and initial Juan | Last name Guzman | | | Spouse's social security number | |
| | If a joint return, sp. first name & initial | Last name | | | | |
| Home address (number and street). If you have a P.O. box, see page 19. 18338 Torrence Ave | | | Apt. no. | Important! You must enter your SSN(s) above. | | |
| City, town or post office, state, and ZIP code. If you have a foreign address, see page 19. Lansing IL 60438 | | | | | | |

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund?

You Spouse
 Yes No Yes No

Filing Status

Check only one box.

| | | | |
|---------------------------------------|---|----------------------------|--|
| 1 <input checked="" type="checkbox"/> | Single | 4 <input type="checkbox"/> | Head of household (with qualifying person). (See page 20.) If the qualifying person is a child but not your dependent, enter this child's name here. ► |
| 2 <input type="checkbox"/> | Married filing jointly (even if only one had income) | 5 <input type="checkbox"/> | Qualifying widow(er) with dependent child. (See page 20.) |
| 3 <input type="checkbox"/> | Married filing separately. Enter spouse's SSN above and full name here. ► | | |

Exemptions6a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6ab Spouse

c Dependents:

(1) First name _____ Last name _____

(2) Dependent's
social security number(3) Dependent's
relationship to
you

No. of boxes checked on
6a and 6b
No. of children
on 6c who
lived with
you
 did not live
with you due
to divorce or
separation
(see page 21)
Dependents
6c not en-
tered above
Add numbers
on lines
above ►

1

d Total number of exemptions claimed

34,404

Attach
Forms W-2 and
V-2G here.
Also attach
Form(s) 1099-R
if tax was
withheld.

If more than five
dependents,
see page 21.

If you did not
get a W-2,
see page 22.

Enclose, but do
not attach, any
payment. Also,
please use
Form 1040-V.

Adjusted
gross
income

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 77

| | | |
|--|-----|--------------------------------|
| 7 Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 34,404 |
| 8a Taxable interest. Attach Schedule B if required | 8a | |
| b Tax-exempt interest. Do not include on line 8a | 8b | |
| 9a Ordinary dividends. Attach Schedule B if required | 9a | |
| b Qualified dividends (see page 23) | 9b | |
| 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) | 10 | |
| 11 Alimony received | 11 | |
| 12 Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| 13a Capital gain or (loss). Attach Schedule D if required. If not required, check here ► | 13a | |
| b If box on 13a is checked, enter post-May 5 capital gain distributions | 13b | |
| 14 Other gains or (losses). Attach Form 4797 | 14 | |
| 15a IRA distributions | 15a | b Taxable amount (see page 25) |
| 16a Pensions and annuities | 16a | b Taxable amount (see page 25) |
| 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | 2,118 |
| 18 Farm income or (loss). Attach Schedule F | 18 | |
| 19 Unemployment compensation | 19 | |
| 20a Social security benefits | 20a | b Taxable amount (see page 27) |
| 21 Other income. List type & amt. (see page 27) | 21 | |
| 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ► | 22 | 36,522 |
| 23 Educator expenses (see page 29) | 23 | |
| 24 IRA deduction (see page 29) | 24 | |
| 25 Student loan interest deduction (see page 31) | 25 | |
| 26 Tuition and fees deduction (see page 32) | 26 | |
| 27 Moving expenses. Attach Form 3903 | 27 | |
| 28 One-half of self-employment tax. Attach Schedule SE | 28 | |
| 29 Self-employed health insurance deduction (see page 33) | 29 | |
| 30 Self-employed SEP, SIMPLE, and qualified plans | 30 | |
| 31 Penalty on early withdrawal of savings | 31 | |
| 32a Alimony paid b Recipient's SSN ► | 32a | |
| 33 Add lines 23 through 32a | 33 | |
| 34 Subtract line 33 from line 22. This is your adjusted gross income ► | 34 | 36,522 |

1040

Juan Guzman

16 Write the amount of your tax from Page 1, Step 6, Line 15 here.

16

1,036

Step 7: Payments and Credits

Attach

W-2's (Attach to front)

Schedule CR
Other states' returns and required schedules

Receipt or Schedule ED

Schedule 1299-C

17 Write the total amount of Illinois Income Tax withheld from your pay as shown on your W-2 forms, generally found in Box 17.

17 1,032

18 Write any estimated payments you made with Forms IL-1040-ES and IL-505-I. Include any credit from your 2002 overpayment.

18

19 If you paid income tax to another state while an Illinois resident, complete Schedule CR and write the amount from Line 8 of that schedule here.

19

20 If you paid Illinois Property Tax, complete the PT Worksheet in instructions. Write PT Worksheet Line 3 amount here. → 20a

20a

Write PT Worksheet Line 8 amount here. → 20b

20b

21 If you paid education expenses, see instructions. Write Schedule ED or ED Worksheet Line 1 amount here. → 21a

21a

Write Schedule ED or ED Worksheet Line 10 amount here. → 21b

21b

22 If you received a federal EIC, complete the EIC Worksheet in instructions.

Write EIC Worksheet Line 1 amount here. → 22a

22a

Write your EIC credit amount from the EIC Worksheet here. → 22b

22b

Check if you have a qualifying child (living with you) born after 12/31/85.

23 If you completed Illinois Schedule 1299-C, write the amount from Step 4, Line 51 here. → 23

23

24 Add Lines 17, 18, 19, 20a, 21b, 22b, and 23. This is the total of your payments and credits. → 24

1,032

Step 8: Overpayment or Tax Due

25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpayment.

25

26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due.

26

41

Step 9: Penalty

Attach

27 Write your late-payment penalty for underpayment of estimated tax from Form IL-2210, Line 28.

27

Form IL-2210

a Check if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home. b Check if at least two-thirds of your federal gross income is from farming. **Step 10: Donations** Any donation will reduce your refund or increase the amount you owe

28 Write the amount you wish to donate to one or more of the following voluntary contribution funds.

Wildlife Preservation a
Child Abuse Prevention b
Alzheimer's Research c
Homeless Assistance dBreast Cancer Research e
Prostate Cancer Research f
Multiple Sclerosis g
Military Family Relief hLou Gehrig's Disease i
WWII Veterans Memorial j
Asthma & Lung Research k
Leukemia Treatment l

Add Lines a through l. This is your voluntary contributions total.

28 01

29 Add Line 27 and Line 28. This is your total penalty and donations.

29

Step 11: Refund or Amount You Owe

30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.

30

31 Write the amount from Line 30 that you want applied to your 2004 estimated tax.

31

32 Subtract Line 31 from Line 30. This is your refund.

32

33 Direct deposit your refund by completing the following information.

Routing number

 Checking or Savings

Account number

34 If you have tax due on Line 26, add Lines 26 and 29. **or**
If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29.

This is the amount you owe.

34

41

Step 12: Sign and Date

Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.

Your signature

Date

Daytime phone number

Your spouse's signature

Date

3/11/04

708-335-0900

36-3243739

Paid preparer's signature

Date

Preparer's phone number

Preparer's FEIN, SSN, or PTIN

Date

If no payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62719-0001If payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

DR AP ME ZZ SE WA RR RX NS DC ID

This information is being furnished to the IRS. If you are required to file a return, a negligence penalty/other sanction may be imposed on you if this income is taxable & you fail to report it.

| Copy C For EMPLOYEE'S RECORD (See Notice to Employee.) | | 2003 | OMB No. 1545-0008 |
|--|--|---|----------------------------------|
| a Control number 2 | 1 Wages, tips, other comp. 34404.45 | 2 Federal income tax withheld 5414.69 | |
| b Employer ID number 36-4394635 | 3 Social security wages 32910.45 | 4 Social security tax withheld 2133.08 | |
| | 5 Medicare wages and tips 34404.45 | 6 Medicare tax withheld 498.86 | |
| c Employer's name, address, and ZIP code ISABELLA RESOURCES, INC. 17211 S. OAK PARK AVE. TINLEY PARK IL 60477 | | | |
| d Employee's social security number 335-96-7404 | | | |
| e Employee's name, address, and ZIP code JUAN GUZMAN 18338 TORRENCE AVENUE # 3C LANSING IL 60438 | | | |
| 7 Social security tips 1494.00 | | 8 Allocated tips 34404.45 | 9 Advance EIC payment 1032.08 |
| 10 Dependent care benefits | | 11 Nonqualified plans | 12a Code |
| 13 Statutory employee Retirement plan | 14 Other | | 12b Code |
| Third-party sick pay | | | 12c Code |
| | | | 12d Code |
| IL 364394635 | 15 State Empl'r's state I.D. # 34404.45 | 16 State wages, tips, etc. 34404.45 | 17 State income tax ??? |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | |

Form W-2 Wage and Tax Statement
DAA

Dept. of the Treasury - IRS

COPY**1040**

Department of the Treasury - Internal Revenue Service

U.S. Individual Income Tax Return 2002**2002**

IRS Use Only - Do not write or staple in this space.

OMB No. 1545-0074

Label

For the year Jan. 1-Dec. 31, 2002, or other tax year beginning

, ending

(See instructions on page 21.)

Use the IRS label.

Otherwise, please print or type.

Your first name M.I. Last name Suffix

Juan Carlos Guzman

If a joint return, spouse's first name M.I. Last name Suffix

Juan Carlos Guzman

335-98-7404

Step 6: Figure your tax

- 15 RESIDENTS: Write your net income from Line 13. 15 5,803
 16 RESIDENTS: Multiply Line 15 by 3% (.03). Write the result on Line 16. This is your TAX.
 NONRESIDENTS AND PART-YEAR RESIDENTS: Write the tax from Schedule NR, Step 5, Line 51. 16 174

Attach**Step 7: Figure your payments and credits**

- 17 Write the total amount of Illinois Income Tax that was withheld from your pay as shown on your W-2 forms, generally found in Box 17. 17 578
 18 Write any estimated payments you made with Forms IL-1040-ES and IL-505-I. Include any credit from your 2000 overpayment. 18
 19 If you paid income tax to another state, complete Illinois Schedule CR and write the amount from Line 8 of that schedule here. 19
 20 If you paid Illinois Property Tax, complete the PT Worksheet in instructions.
 ➤ Write PT Worksheet Line 3 amount here. ➤ 20a
 ➤ Write PT Worksheet Line 8 amount here. ➤ 20b
 21 If you paid education expenses, see instructions. Write Schedule ED or ED Worksheet Line 1 amount here. ➤ 21a
 ➤ Write Schedule ED or ED Worksheet Line 10 amount here. ➤ 21b
 22 If you received a federal EIC, complete the EIC Worksheet in instructions.
 ➤ Write EIC Worksheet Line 1 amount here. ➤ 22a
 ➤ Write EIC Worksheet Lines 9 or 12 amount here. ➤ 22b
 23 If you completed Illinois Schedule 1299-C, write the amount from Section II, Part IX, Line 49. 23
 24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is your total payments and credits. 24 578

W-2's (Attach to front)

Schedule CR
Other states' returns and required schedulesReceipts or
Schedule EDSchedule
1299-C**Step 8: Figure your overpayment or your tax due**

- 25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your OVERPAYMENT. 25 402
 26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your TAX DUE. 26

Step 9: Figure your penalty

- 27 Write your late-payment penalty for underpayment of estimated tax from Form IL-2210, Line 28.

Form IL-2210

Check the box if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home. **Step 10: Figure your donations Any donation will reduce your refund or increase the amount you owe.**

- 28 Write the amount you wish to donate to one or more of the following voluntary contribution funds.

| | | | |
|------------------------|---|--------------------------|---|
| Wildlife Preservation | a | Breast Cancer Research | e |
| Child Abuse Prevention | b | Prestige Cancer Research | f |
| Alzheimer's Research | c | World War II Memorial | g |
| Homeless Assistance | d | Korean War Fund | h |

Add Lines a through h. This is your total voluntary contributions. 28

- 29 Add Line 27 and Line 28. This is your total penalty and donations. 29

Step 11: Figure your refund or the amount you owe

- 30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. 30 402

- 31 WRITE THE AMOUNT FROM LINE 30 THAT YOU WANT APPLIED TO YOUR 2002 ESTIMATED TAX. 31

- 32 Subtract Line 31 from Line 30. This is your REFUND. 32 402

Direct Deposit
See instructions

- 33 Direct deposit your refund by completing the following information.

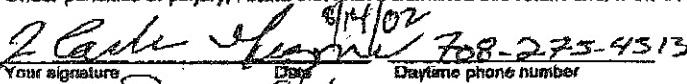
| | | | |
|----------------|-----------------|-----------------------------------|----------------------------------|
| Routing number | Type of account | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
|----------------|-----------------|-----------------------------------|----------------------------------|

Account number

- 34 If you have tax due on Line 26, add Lines 26 and 29. OR
 If you have an overpayment on Line 25 and this amount is less than Line 28, subtract Line 26 from Line 28. This is the AMOUNT YOU OWE. 34

Step 12: Sign and date your return

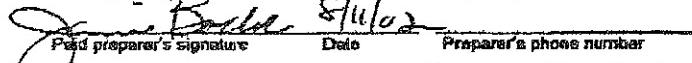
Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.



8/14/02 Daytime phone number

Your spouse's signature

Date



8/14/02 Date

Preparer's phone number

Preparer's FEIN, SSN, or PTIN

Date

If you use a preparer and want a booklet next year, check the box.

 If no payment is enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62718-0001
 If payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-----------------------------------|----------------------|--------------------------------|----------------------------|---------------------|------------------|-----------------------|-----|--|--|-----------------------|--------------------------|-----------------|--------------------------|----------------------|--------------------------|-----|----------|--|--|--|--|--|-----|--|--|--|--|--|--|-----|
| a Control number | 22222 | OMB No. 1545-0008 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Employer identification number | 36-4394635 | | 1 Wages, tips, other compensation | 35306.90 | 2 Federal income tax withheld | 5283.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c Employer's name, address, and ZIP code | ISABELLA RESOURCES, INCORPORATE 17211 S. OAK PARK AVENUE TINLRY PARK, IL 60477 | | 3 Social security wages | 34999.90 | 4 Social security tax withheld | 2189.03 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d Employee's social security number | 335-96-7404 | | 5 Medicare wages and tips | 35306.90 | 6 Medicare tax withheld | 511.95 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e Employee's first name and initial | Last name | JAUN C GUZMAN 18338 TORRENCE AVE., #3C LANSING, IL 60438 | 7 Social security tips | 307.00 | 8 Allocated tips | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f Employee's address and ZIP code | | | 9 Advance EIC payment | | 10 Dependent care benefits | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 State Employer's state ID number | IL 3163-6527 | 16 State wages, tips, etc. | 35306.90 | 17 State income tax | 1059.09 | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>11 Nonqualified plans</td> <td colspan="3">12a</td> </tr> <tr> <td>13 Statutory employee</td> <td><input type="checkbox"/></td> <td>Retirement plan</td> <td><input type="checkbox"/></td> <td>Third-party sick pay</td> <td><input type="checkbox"/></td> <td>12b</td> </tr> <tr> <td colspan="6">14 Other</td> <td>12c</td> </tr> <tr> <td colspan="6"></td> <td>12d</td> </tr> </table> | | | | | | | | | 11 Nonqualified plans | 12a | | | 13 Statutory employee | <input type="checkbox"/> | Retirement plan | <input type="checkbox"/> | Third-party sick pay | <input type="checkbox"/> | 12b | 14 Other | | | | | | 12c | | | | | | | 12d |
| 11 Nonqualified plans | 12a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 Statutory employee | <input type="checkbox"/> | Retirement plan | <input type="checkbox"/> | Third-party sick pay | <input type="checkbox"/> | 12b | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Other | | | | | | 12c | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 12d | | | | | | | | | | | | | | | | | | | | | | | | | | | |

W-2 Wage and Tax Statement
Form Copy 1 For State, City, or Local Tax Department

2002
(Rev. February 2002)

Department of the Treasury—Internal Revenue Service

Department of the Treasury - Internal Revenue Service

1040 U.S. Individual Income Tax Return 2001

(99) IRS Use Only - Do not write or staple in this space.

Label

| | | | | |
|--|--|--|--|--|
| For the year Jan. 1-Dec. 31, 2001, or other tax year beginning _____, ending _____ | | | | OMB No. 1545-0074 |
| (See instructions on page 18.) Your first name M.I. Last name Suffix | | | | Your social security no. 335-98-7404 |
| If a joint return, spouse's first name M.I. Last name Suffix | | | | Spouse's social security no. |
| Home address (number and street). If you have a P. O. box, see page 18. Apt. no. 18338 Torrence Avenue | | | | IMPORTANT! You MUST enter your SSN(s) above. |
| City, town or post office Lansing State ZIP code IL 60438 | | | | |

Presidential

Election Campaign

NOTE. Checking "Yes" will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? You Spouse
 Yes No Yes No

| | | | | |
|----------------------|---|------------------------------------|--|--|
| Filing Status | 1 <input checked="" type="checkbox"/> Single | | | |
| | 2 <input type="checkbox"/> Married filing joint return (even if only one had income) | First name: _____ Last name: _____ | | |
| | 3 <input type="checkbox"/> Married filing separate return. Enter spouse's SSN above and full name here. ► | | | |
| | 4 <input type="checkbox"/> Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. ► | SSN: _____ | | |
| | 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died ►) (See page 19.) | | | |

Exemptions

| | | | | | |
|--------------------------------------|--|---|--|---|---|
| Check only one box. | a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, DO NOT check box 6a. | No. of boxes checked on 6a and 6b _____ 1 | | | |
| | b <input type="checkbox"/> Spouse. | No. of your children on 6c who: | | | |
| | c Dependent(s): | (1) First name _____ Last name _____ | (2) Dependent's social security number _____ | (3) Dependent's relationship to you _____ | (4) <input checked="" type="checkbox"/> Qualifying child for child tax credit _____ |
| | | | | <input type="checkbox"/> | |
| | | | | <input type="checkbox"/> | |
| | | | | <input type="checkbox"/> | |
| d Total number of exemptions claimed | | | | 1 | |

If more than six dependents, see page 20.

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 21.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

| | | |
|--|--|----------|
| Income | 7 Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 19,176 |
| 8a TAXABLE interest. Attach Schedule B if required | 8a | |
| b TAX-EXEMPT interest. DO NOT include on line 8a | 8b | |
| 9 Ordinary dividends. Attach Schedule B if required | 9 | |
| 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22) | 10 | |
| 11 Alimony received | 11 | |
| 12 Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| 13 Capital gain or (loss). Attach Sch. D if required. If not required, check here ► <input type="checkbox"/> | 13 | |
| 14 Other gains or (losses). Attach Form 4797 | 14 | |
| 15a Total IRA distributions 15a b Taxable amount | 15b | |
| 16a Total pensions and annuities 16a b Taxable amount | 16b | |
| 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 -11,367 | |
| 18 Farm income or (loss). Attach Schedule F | 18 | |
| 19 Unemployment compensation | 19 | |
| 20a Social security benefits 20a b Taxable amount | 20b | |
| 21 Other income. List type and amount (see page 27) | 21 | |
| 22 Add the amounts in the far right column for lines 7 through 21. This is your TOTAL INCOME | 22 7,808 | |
| 23 IRA deduction (see page 27) | 23 | |
| 24 Student loan interest deduction (see page 28) | 24 | |
| 25 Archer MSA deduction. Attach Form 8853 | 25 | |
| 26 Moving expenses. Attach Form 3903 | 26 | |
| 27 One-half of self-employment tax. Attach Schedule SE | 27 | |
| 28 Self-employed health insurance deduction (see page 30) | 28 | |
| 29 Self-employed SEP, SIMPLE, and qualified plans | 29 | |
| 30 Penalty on early withdrawal of savings | 30 | |
| 31a Alimony paid b Recipient's SSN ► 31a | 31b | |
| 32 Add lines 23 through 31a | 32 | |
| 33 Subtract line 32 from line 22. This is your ADJUSTED GROSS INCOME | 33 7,809 | |

| | | | |
|---|--|----------------|--|
| Form 1040 (2001) | Juan Carlos Guzman | 335-96-7404 | Page 2 |
| Tax and Credits | 34 Amount from line 33 (adjusted gross income) 34 7,609 | | |
| Standard Deduction for: | 35a Check if: <input type="checkbox"/> YOU were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> SPOUSE was 65 or older, <input type="checkbox"/> Blind. | | |
| * People who checked any box on lines 35a or 35b OR who can be claimed as a dependent, see page 31. | Add the number of boxes checked above and enter the total here ► 35a | | |
| All others: Single, \$4,550 | b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here ► 35b | | |
| Head of household, \$6,650 | 36 ITEMIZED DEDUCTIONS (from Schedule A) OR your STANDARD DEDUCTION (see left margin) 36 4,550 | | |
| Married filing jointly or Qualifying widow(er), \$7,600 | 37 Subtract line 36 from line 34 37 3,259 | | |
| Married filing separately, \$3,800 | 38 If line 34 is \$99,725 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet on page 32 38 2,900 | | |
| | 39 TAXABLE INCOME Subtract line 37 from line 38. If line 39 is more than line 37, enter -0- 39 359 | | |
| | 40 TAX (see pg 33). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 40 54 | | |
| | 41 ALTERNATIVE MINIMUM TAX (see page 34). Attach Form 6251 41 | | |
| | 42 Add lines 40 and 41 42 54 | | |
| | 43 Foreign tax credit. Attach Form 1116 if required 43 | | |
| | 44 Credit for child and dependent care expenses. Attach Form 2441 44 | | |
| | 45 Credit for the elderly or the disabled. Attach Schedule R 45 | | |
| | 46 Education credits. Attach Form 8863 46 | | |
| | 47 Rate reduction credit. See the worksheet on page 36 47 | | |
| | 48 Child tax credit (see page 37) 48 | | |
| | 49 Adoption credit. Attach Form 8839 49 | | |
| | 50 Other credits from: a <input checked="" type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify) 50 54 | | |
| | 51 Add lines 43 through 50. These are your TOTAL CREDITS 51 54 | | |
| | 52 Subtract line 51 from line 42. If line 51 is more than line 42, enter -0- 52 | | |
| Other Taxes | 53 Self-employment tax. Attach Schedule SE 53 | | |
| | 54 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 54 | | |
| | 55 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5239 if required 55 | | |
| | 56 Advance earned income credit payments from Form(s) W-2 56 | | |
| | 57 Household employment taxes. Attach Schedule H 57 | | |
| | 58 Add lines 52 through 57. This is your TOTAL TAX 58 | | |
| Payments | 59 Federal income tax withheld from Forms W-2 and 1099 59 2,977 | | |
| If you have a qualifying child, attach Schedule EIC. | 60 2001 estimated tax payments and amount applied from 2000 return 60 | | |
| | 61a Earned Income credit (EIC) 61a | | |
| | b Nontaxable earned income 61b | | |
| | 62 Excess social security and RRTA tax withheld (see page 51) 62 | | |
| | 63 Additional child tax credit. Attach Form 8812 63 | | |
| | 64 Amount paid with request for extension to file (see page 51) 64 | | |
| | 65 Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 65 | | |
| | 66 Add lines 59, 60, 61a, and 62 through 65. These are your TOTAL PAYMENTS 66 2,977 | | |
| Refund | 67 If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you OVERPAID. 67 | | |
| Direct deposit? See page 51 and fill in 68a, 68c, and 68e. | 68a Amount of line 67 you want REFUNDED TO YOU 68a 2,977 | | |
| | ► b Routing number | | |
| | ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | ► d Account number | | |
| | 69 Amount of line 67 you want APPLIED TO YOUR 2002 ESTIMATED TAX 69 | | |
| Amount You Owe | 70 AMOUNT YOU OWE. Subtract line 66 from line 58. For details on how to pay, see page 52 70 | | |
| | 71 Estimated tax penalty. Also include on line 70 71 | | |
| Third Party Designee | Do you want to allow another person to discuss this return with the IRS (see page 53)? <input type="checkbox"/> YES. Complete the following. <input type="checkbox"/> NO | | |
| | Designee's name ► | Phone no. ► | Personal identification number (PIN) ► |
| Sign Here | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | |
| Joint return? See page 19. Keep a copy for your records. | Your signature ► <i>Juan Carlos Guzman</i> | Date 08-14-02 | Your occupation CHIEF BUSINESS OWNER |
| | Spouse's signature. If a joint return, BOTH must sign. ► | Date | Spouse's occupation |
| Paid Preparer's Use Only | Preparer's signature ► <i>Janice H. Bodak</i> | Date 8/11/2002 | Check if self-employed <input checked="" type="checkbox"/> |
| | Firm's name (or yours if self-employed), address, and ZIP code ► Janice H. Bodak, CPA 9279 Schillito Dr. St. John | EIN | Preparer's SSN or PTIN 316-58-6445 |
| | | Phone no. | |
| | | State IN | ZIP code 46373 |

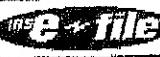
| | | | | | | |
|--|---|---|---|--|--|--|
| a Control number | | | OMB No. 1545-0008 | | Safe, accurate, FASTI Use  | Visit the IRS Web Site at www.irs.gov |
| b Employer identification number | 36-3480235 | | 1 Wages, tips, other compensation 5950.00 | | 2 Federal income tax withheld 734.00 | |
| c Employer's name, address, and ZIP code | CAFE BORGIA, INC. 17923 TORRENCE AVENUE LANSING, IL 60438 | | 3 Social security wages 5950.00 | | 4 Social security tax withheld 368.90 | |
| d Employee's social security number | 335-96-7404 | | 5 Medicare wages and tips 5950.00 | | 6 Medicare tax withheld 86.28 | |
| e Employee's first name and initial | Last name | JUAN CARLOS GUZMAN | 7 Social security tips 11 Nonqualified plans | | 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 | |
| 18338 TORRENCE AVENUE LANSING, IL 60438 | | 13 Steady employee <input checked="" type="checkbox"/> | Retirement plan <input type="checkbox"/> | Third-party sick pay <input type="checkbox"/> | 12b 12c 12d | |
| f Employee's address and ZIP code | | | 14 Other | | | |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | |
| IL 1936-7872 | 5950.00 | 178.50 | | | | |

2001

Department of the Treasury—Internal Revenue Serv

W-2 Wage and Tax Statement

Copy B To Be Filed with Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.

| | | | | | | |
|---|--|--|---|--|---|--|
| a Control number | | | OMB No. 1545-0008 | | Safe, accurate, FASTI Use  | Visit the IRS Web Site at www.irs.gov |
| b Employer identification number | 36-1394675 | | 1 Wages, tips, other compensation 13225.72 | | 2 Federal income tax withheld 2443.00 | |
| c Employer's name, address, and ZIP code | ISABELLA RESOURCES, INCORPORATE 17211 S. OAK PARK AVENUE TINLRY PARK, IL 60477 | | 3 Social security wages 12115.35 | | 4 Social security tax withheld 819.99 | |
| d Employee's social security number | 335-96-7404 | | 5 Medicare wages and tips 13225.72 | | 6 Medicare tax withheld 191.77 | |
| e Employee's first name and initial | Last name | JUAN C GUZMAN | 7 Social security tips 11 Nonqualified plans | | 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 | |
| 18338 TORRENCE AVE., #3C LANSING, IL 60438 | | 13 Steady employee <input type="checkbox"/> | Retirement plan <input type="checkbox"/> | Third-party sick pay <input type="checkbox"/> | 12b 12c 12d | |
| f Employee's address and ZIP code | | | 14 Other | | | |
| 16 State Employer's state ID number | 17 State wages, tips, etc. | 18 State income tax | 19 Local wages, tips, etc. | 20 Local income tax | 21 Locality name | |
| IL | 13225.72 | 396.75 | | | | |

2001

Department of the Treasury—Internal Revenue Serv

W-2 Wage and Tax Statement

Copy B To Be Filed with Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.



CINCINNATI OH 45999-0038

ISABELLA RESOURCES INCORPORATED
 % SUE TAYLOR
 17211 S OAK PARK AVE
 TINLEY PARK IL 60477-3401116

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT,
 EVEN IF YOU ALSO HAVE AN INQUIRY.

The IRS address must appear in the window.

0441404575
 BODCD-SB

Use for payments

| | |
|----------------|------------|
| Letter Number: | LTR1722C |
| Letter Date : | 2004-06-23 |
| Tax Period : | 200112 |



364394635

INTERNAL REVENUE SERVICE
 CINCINNATI OH 45999-0038
 #####

ISABELLA RESOURCES INCORPORATED
 % SUE TAYLOR
 17211 S OAK PARK AVE
 TINLEY PARK IL 60477-3401116

CINCINNATI OH 45999-0038

In reply refer to: 0441404575
June 23, 2004 LTR 1722C
36-4394635 200112 02 000
Input Op: 0441404575 12969
BODC: SB

ISABELLA RESOURCES INCORPORATED
% SUE TAYLOR
17211 S OAK PARK AVE
TINLEY PARK IL 60477-3401116

Employer Identification Number: 36-4394635
Person to Contact: Joan Taylor
Telephone Number: 801-620-5353
Name of Taxpayer: Isabella Resources Incorporate

Dear Taxpayer:

In reply to your inquiry of June 14, 2004, our records show the following:

Return Filed:
Form 1120S

Method of Accounting:

Accounting Period:

| Tax Period Ending: | Dec. 31, 2001 | Dec. 31, 2002 | Dec. 31, 2003 |
|-------------------------|---------------|---------------|---------------|
| Net Sales/Receipts | \$ 213,307.00 | 509,178.00 | 496,545.00 |
| Cost of Goods Sold | \$ 117,095.00 | 185,645.00 | 206,242.00 |
| Salaries and Wages | \$ 9,022.00 | 14,823.00 | 58,473.00 |
| Depreciation | \$ 9,583.00 | 18,670.00 | 16,333.00 |
| Interest (Deduction) | \$ 26,154.00 | 38,497.00 | 16,624.00 |
| Taxable/Ordinary Income | \$.00 | 26,016.00 | 34,147.00 |

If you have any questions concerning this matter, please call or write our office. Use the telephone number or address shown above.

0441404575
June 23, 2004 LTR 1722C
36-4394635 200112 02 000
Input Op: 0441404575 12970

ISABELLA RESOURCES INCORPORATED
% SUE TAYLOR
17211 S OAK PARK AVE
TINLEY PARK IL 60477-3401116

Whenever you write to us, please enclose a copy of this letter and include your daytime telephone number and the best time for us to call you.

Your telephone number (____) _____ Hours _____

Sincerely yours,

Rita Sandoval

Rita Sandoval
Accounts Management II

Isabella Café



June 23, 2004

Officer Tuazon
District Director Michael Comfort
Department of Homeland Security
U.S. Citizenship and Immigration Services
10 W. Jackson Blvd.
Chicago, IL 60604

Re: A095 405 083 - Guzman-Ruiz, Raul

Dear Officer Tuazon and District Director Michael Comfort:

Please be advised that pursuant to your requirement, I contacted the Internal Revenue Service on June 14, 2004 to request Form 1722 for Isabella Resources, Inc. I spoke with IRS Customer Service representative, Ms. Joanie Taylor, #2914292, who told me that although there is not a "Form" 1722, there is a "Letter" 1722. She also said she would complete the forms and send me the transcripts of our account (Letter 1722). She told me that it might take 10 business days.

As of today, June 23, 2004, since I have not yet received Ms. Taylor's correspondence, I again called the IRS. I spoke with IRS Customer Service representative, Ms. Butts, #1707256, who informed me that her records indicate that a transcript was ordered and sent to us on June 14. She suggested that I should be getting the transcripts in the next few days. As soon as I receive these forms, I will forward them to you for Raul's file.

Please let me know if there is anything else I can do to assist in facilitating this process. And thank you for helping Raul with this most important matter.

Sincerely,

Sue Taylor, President
Isabella Café and Catering
312.213.0838 (cell)
708.444.8555 (restaurant)

National Visa Center
32 Rochester Avenue
Portsmouth, NH 03801-2909
Phone: (603) 334-0700
E-mail: NVCInquiry@state.gov

May 2, 2008



LOKMAN AYKAL
503 N. RUSSELL ST
CHAMPAIGN, IL 61821

DEAR LOKMAN AYKAL:

Your inquiry has been received at the National Visa Center (NVC).

The NVC received notification of the beneficiary's intent to adjust status in the United States. The NVC does not process adjustment of status cases. We will hold the petition at the NVC until we are notified by the U.S. Citizenship and Immigration Services (CIS-formerly known as INS) to return the petition to them.

To apply for adjustment of status in the US you must contact the nearest CIS office and submit a copy of the approval notice (Notification of Immigrant Visa Approval) sent to the petitioner by CIS. Please note that there are certain eligibility requirements for using Form I-485 (Application to Register Permanent Residence or Adjust Status). Forms are available by calling 1 (800) 870-3676, or by submitting a request through the CIS website, www.USCIS.gov.

All future inquiries regarding adjustment of status should be directed to the CIS either through the website address listed above or by calling the USCIS National Customer Service Center. The USCIS National Customer Service number is: 1 (800) 375-5283. The TTY number is: 1 (800) 767-1833.

| | |
|------------------------------|---|
| Case Number: | ANK2006840020 |
| Petitioner's Name: | AYKAL, LISA ANNE |
| Beneficiary's Name: | AYKAL, LOKMAN |
| Preference Category: | IR1 - SPOUSE OF UNITED STATES CITIZEN |
| Your Priority Date: | 30AUG2006 |
| Foreign State Chargeability: | TURKEY |
| U.S. Embassy/Consulate: | EMBASSY OF THE UNITED STATES, VISA UNIT 110 ATATURK BLVD ANKARA TURKEY |